

MCMIS PERSONALIZED REPORT ORDER FORM

Follow the instructions on pages 19-24 of the "Catalog of MCMIS Reports". Fill out a separate form for each personalized report ordered.

A. SELECT REPORT TYPE

☐ PERSONALIZED CARRIER REPORT

☐ PERSONALIZED ACCIDENT REPORT: FOR YEAR 19 _____

YOU MAY REQUEST UP TO FOUR ADDITIONAL CARRIER/ACCIDENT FILE ELEMENTS BELOW.

1. _____

3. _____

2. _____

4. _____

B. DESCRIBE THE CARRIERS/ACCIDENTS TO BE INCLUDED IN YOUR REPORT

C. TELL US HOW THE CARRIERS/ACCIDENTS SHOULD BE SORTED

☐ STANDARD FORMAT (State, Carrier Name)

☐ OTHER FORMAT (Describe Below)

D. CHOOSE MEDIA

☐ 9-TRACK MAGNETIC TAPE

☐ PRINTED REPORT

☐ MICROCOMPUTER TAPE

☐ 6250 BPI

☐ 1600 BPI

☐ 5.25" DISKETTES [DOS VERSION _____]

☐ 3.5" DISKETTES [DOS VERSION _____]

E. PROVIDE YOUR MAILING ADDRESS

CONTACT NAME: _____

COMPANY NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

F. SIGN PAYMENT AGREEMENT

I have enclosed a non-refundable check for \$95.00
to cover processing costs. I agree to pay the additional
media charge within 10 days after receiving the report.

SIGNED _____

DATE _____

G. SEND ORDER FORM AND CHECK TO:

Computing Technologies, Inc.
OMC Data Dissemination Program
P.O. Box 3248
Merrifield, VA 22116-3248
(703) 280-4001